U.S. Department of Labor Office of Labor-Management Stendards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Managemen
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Line Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E S	
1. File Nuribos 4: 272	2. Fiscal Year Covered From:
2729	9/4/09 Through: 3/8/05
3. Name and address of person fling.	4. Name, file number, and address of labor organization:
Name JAMES D CARLSEN	Name IBEW LOCAL 343
	Labor Organization File Number
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 7/06 HTMHLHUD GUENUE	Street 1910 SOUTH BROADWAY
Cas ALBERT LEB	City ROCHESTER
State 1777 ZIP Code + 4 56007	State MINILESOTH ZIP Code +4 55904
5. Position in labor organization.  ABEW LOCAC343 TREASURER	
Enter appropriate data below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests  [except as specified in the exclusions set forth in the instructions]:	
except as specified in the e	ixclusions set forth in the instructions);
A, Held an interest in, engaged in transactions (including loans) with	, or derived income or other economic benefit of
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Name of Person Filing	File Number U- 2729
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a frust in which your labor organization.	wise dealing with the business vely seeking to represent, or firecity to, or otherwise
8. Name and address of Business (including trade name, if any).	9, Business deals with:
Name MONE	s. Lebor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., If any	c. Employer
Street	E cuinoya
•	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name _NONE	NONE
Trade Name, if any:	
P.O. Box, Bidg., Room No., If any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	NONE
	And the second s
	12.b. Amount
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.3. reme and socress or Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value, 14.s. Nature of payment.
Name VONE	NONE
Trade Name, If any:	11 1000
P.O. Box, Bldg., Room No., If any	
Street	
City	
State ZIP Code + 4	
	14 h Amount of Amount
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.